

AMENDED

U S Department of Labor
Office of Labor-Management
Standards
Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended | failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U **2696**

2 Fiscal Year Covered From

1 / **1** / **2004** Through **12** / **11** / **2004**

3 Name and address of person filing

Name **DONALD** **E** **WIGHTMAN**

P O Box Bldg Room No if any

Street **815 SIXTEENTH STREET NW**

City **WASHINGTON**

State **District of Columbia** ZIP Code +4 **20006**

4 Name file number and address of labor organization

Name **UTILITY WORKERS UNION OF AMERICA AFL CIO**

Labor Organization File Number **003-039**

P O Box Building and Room Number if any

Street **815 SIXTEENTH STREET NW**

City **WASHINGTON**

State **District of Columbia** ZIP Code +4 **20006**

5 Position in labor organization

PRESIDENT

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code +4

7 a Nature of Interest Transaction or Income

7 b Amount

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

On

Date

08-10-05

202-974-8200

Telephone Number

Name of Person Filing DONALD WIGHTMAN

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name _____

Trade Name if any	
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P O Box Bldg Room No if any

Street _____

City _____

State ZIP Code + 4

9 Business deals with ¹⁴

☐ a Labor Organization

☐ b Trust

☐ **c Employer**

10 If 9 b or 9 c is checked give trust or employer's name

Name _____

Trade Name if any

P O Box Bldg Room No if any

Street _____

City State ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a Name and address of Employer or Labor Relations Consultant
(including trade name if any)**

Name KELLY PRESS

Trade Name if any	
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P O Box Bldg Room No if any

Street 1701 CABIN BRANCH DR

City	CHEVERLY
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State Maryland ZIP Code 4 20785

14 a Nature of payment

12 20-04 CHRISTMAS GIFT HAM \$61 95
I WAS INFORMED KELLY PRESS TYPICALLY SENDS TO ALL
CLIENTS

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

\$62.

Name of Person Filing DONALD WIGHTMAN

File Number U

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relation Consultant (including trade name if any)

Name THE WESTIN DIPLOMAT RESORT AND SPA

Trade Name if any

P O Box Bldg Room No if any

Street 3555 SOUTH OCEAN DR

City HOLLYWOOD

State Florida ZIP Code 4 33109 2827

14 a Nature of payment.

3 26 04 DINNER MEETING DISCUSSION REGARDING
FEATURES AND CONVENTION BID PROPOSAL REGARDING
HOLDING UWUA CONVENTION IN 2007 AT HOTEL13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

\$45

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relation Consultant (including trade name if any)

Name THORBAHN & ASSOCIATES

Trade Name if any

P O Box Bldg Room No if any

Street 300 CROWN COLONY DRIVE

City QUINCY

State Massachusetts ZIP Code + 4 02169

14 a Nature of payment.

6-13-04 RECEIVED LAST MINUTE OFFERING OF BOSTON
RED SOX TICKETS (2) DID NOT USE PERSONALLY GAVE
TICKETS AWAY \$75 EACH X 2 = \$15013 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

\$150

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name HARBAUGH HOTELS

Trade Name if any

P O Box Bldg Room No if any

Street 1600 NORTH INDIAN CANYON DRIVE

City PALM SPRINGS

State California ZIP Code + 4 92262

14 a Nature of payment.

9-24 04 FRUIT BASKET WITH WINE

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

\$52